



In re application of:

Masanori ASAKURA

Serial No: 09/816,856

Confirmation No.: 6925

Filed: March 22, 2001

For: Image Processing Apparatus and Image Processing
Method Employing the Same

Art Unit: 2621

Examiner: Edwards, Patrick L.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
July 28, 2005

Date of Deposit

Juanita Soberanis

Name

Signature

07/28/05
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Petition for (1-Month) Extension of Time.
☒ Amendment.
☒ Return postcard.

The fee has been calculated as shown below:

AS YOU HAVE BEEN CALCULATED AS SHOWN BELOW:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	8	-	20 **	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	2	-	6 ***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
TOTAL							\$ 0

- ☐ A check in the amount of \$ -0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ -0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge **\$120** to cover the **one-month** extension fee and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: July 28, 2005

By: _____

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